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CONFIRMATION NO. 6439

Bib Data Sheet

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|--|---|----------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>09/828,217   | <b>FILING OR 371(c) DATE</b><br>04/09/2001<br><b>RULE</b>   | <b>CLASS</b><br>530              | <b>GROUP ART UNIT</b><br>1644   | <b>ATTORNEY DOCKET NO.</b><br>205721US0CON |
| <b>APPLICANTS</b><br>Toshio Hirano, Osaka, JAPAN;<br>Tsuneyasu Kaisho, Hyogo, JAPAN;   |   |                                  |   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a CON of 09/182,563 10/29/1998 ABN<br>which is a DIV of 08/624,650 05/22/1996 PAT 5,914,252<br>which is a 371 of PCT/JP94/01732 10/14/1994  |   |                                  |   |  |
| <b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 5-281622 10/15/1993  |   |                                  |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 07/20/2001</b>   |   |                                  |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br>3  | <b>TOTAL CLAIMS</b><br>3                   |
| <b>INDEPENDENT CLAIMS</b><br>1   |   |                                  |   |  |
| <b>ADDRESS</b><br>22850  |   |                                  |   |  |
| <b>TITLE</b><br>AN ANTIBODY REACTIVE WITH A PROTEIN HAVING PRE-B CELL GROWTH-SUPPORTING ABILITY  |   |                                  |   |  |
| <b>FILING FEE RECEIVED</b><br>1010   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |